# Claim CareClinic from a benefits account

Some employer spending accounts, wellbeing budgets and disability plans reimburse health apps. Each plan has its own list, so check yours first. This form holds what most plans ask for.

1. **Check your plan's list**
   Look for health apps, software or digital health programs in your benefits portal or plan guide. Canada: Personal, Lifestyle or Wellness Spending Account. UK: employer wellbeing budget. Australia: NDIS low-cost assistive technology. New Zealand: Disability Support Services flexible funding or an employer wellbeing allowance. Germany: an employer health benefit. Netherlands: supplementary insurance or an employer budget.
2. **Ask for a recommendation if your plan wants one**
   Bring page 2 to your visit or send it through your clinic's portal. Your health professional ticks the boxes that apply and signs.
3. **Get your receipt**
   App Store and Google Play email your receipt. On iPhone: Settings > your name > Media & Purchases > Purchase History. Google Play: Payments & subscriptions > Budget & history. CareClinic: we email your receipt when you pay. Past invoices: log in, Settings > Manage subscription.
4. **Submit your claim**
   Send the receipt, the cover sheet on page 3 and the recommendation, if needed, through your benefits portal or plan manager.

## Message for your health professional

Hello, I use the CareClinic app to track my symptoms, medications and readings for my condition, and I share the reports with you. My benefits plan may reimburse it with a recommendation from you. The attached form is already written. It needs the boxes that apply and your signature. Thank you.

## What most plans check

- The item is on the plan's list of eligible purchases
- A receipt showing the date, the amount and the item
- For disability plans, how the item relates to your goals
- A recommendation from a registered health professional, if the plan asks

# Health professional recommendation

For a benefits or spending account, wellbeing budget or disability plan claim.

## Patient

PATIENT NAME

DATE OF BIRTH

PLAN OR MEMBER NUMBER

## Condition

I am treating or supporting the patient named above for:

CONDITION OR DISABILITY

RELATED PLAN GOAL (OPTIONAL, FOR EXAMPLE A DISABILITY PLAN GOAL)

## Recommendation

I recommend the CareClinic app (sold by CareClinic Software Inc.) to help manage the condition above. The patient uses it to:

- ☐ Record symptoms, flares and triggers so I can review them
- ☐ Take medications as prescribed, with reminders and a record of doses taken and missed
- ☐ Record readings such as blood pressure, blood glucose, weight or pain scores
- ☐ Follow the care plan I have set, including therapy and lifestyle changes
- ☐ Share reports with me and the care team before and between appointments
- ☐ Keep medical records (conditions, medications, allergies, lab results) ready for providers
- ☐ Other:

Recommended for: ☐ 12 months ☐ Other: Starting:

## Health professional

NAME

PROFESSION

REGISTRATION OR LICENCE NUMBER

PHONE

PRACTICE NAME AND ADDRESS

SIGNATURE

DATE

# Claim cover sheet

Put this on top of your claim so the reviewer finds each item quickly.

MEMBER NAME

PERSON THE CLAIM IS FOR (IF DIFFERENT)

PLAN, PROVIDER OR PLAN MANAGER

MEMBER OR ACCOUNT NUMBER

ACCOUNT OR BUDGET TYPE

COUNTRY

## Expense

MERCHANT: CareClinic Software Inc.

ITEM: CareClinic subscription, a health app used to manage a health condition

BOUGHT THROUGH: App Store, Google Play or careclinic.io

PURCHASE DATE OR PERIOD

AMOUNT

CURRENCY

CLAIM NUMBER

## Attached

- [ ] Receipt showing the date, the amount and the item
- [ ] Health professional recommendation (page 2), if my plan asks for one
- [ ] My plan's claim form, if it requires one

## Statement

This claim is for the person named above, it has not been paid by another plan, and I will not claim it again.

MEMBER SIGNATURE

DATE